

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047788

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 329

STATE FILE NUMBER

FILED DEC 30 1963

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WindsorLength of stay in 1b  
6 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Kansas b. COUNTY Linn

c. CITY OR TOWN Pleasanton

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
east city limitsReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Carlton Baldwin4. DATE OF DEATH  
Month Day Year  
December 12, 19635. SEX  
M6. COLOR OR RACE  
W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
March 12 18889. AGE (last birthday)  
75  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
brakeman10b. KIND OF BUSINESS OR INDUSTRY  
railroad11. BIRTHPLACE (City and state or country)  
Pleasanton Kansas12. CITIZEN OF WHAT COUNTRY  
usa

## 13a. FATHER'S NAME

Lafayette Baldwin

## 13b. MOTHER'S MAIDEN NAME

Lucinda Estes

## 14. NAME OF HUSBAND OR WIFE

Mrs Esther Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address Pleasanton  
Kansas18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (b)

Acute Cardio Vascular Collapse

INTERVAL BETWEEN ONSET AND DEATH  
3-4 hrs.

Acute Gangrene R. lower extremity

2 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last

General Arteriosclerosis with Cerebral Atherosclerosis

3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause (a) or (b) (If deceased was female was there a pregnancy in last 90 days.)  
disease condition given on PART Ideceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-30-63 to 12-12-63 and last saw him alive on 12-12-63  
Death occurred at 6:35 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial23b. DATE  
Dec 14 196323c. NAME OF CEMETERY OR CREMATORY  
White Chapel Memorial Gardens23d. LOCATION (City, town, or county)  
Kansas City North Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

TORNEDEN FUNERAL HOME PLEASANTON KANSAS  
Earl A. Torneden

12-26-63

mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0421

2 8150

3

4 0

5 1

6

7 11

8 2

9 4/22/1

10

11

12 3-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Elmer Hinton

Licensed Embalmer No. 3391

P. O. Address Winder, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.